

MCAC - DHCF

Telehealth Updates

- Telehealth Payment Policy
 - New telemedicine transmittal [#20-28](#) (7.9.20)
 - Temporary authorities under the public health emergency
 - Implementation and adaptation to telehealth
 - Addressing the digital divide
- DC HIE for telehealth
 - CRISP and CPC are current partners in the DC HIE
 - CRISP Designated as key partner for next 5 years
 - 9,300+ providers located in DC using CRISP
 - Core services designed to help promote continuity of care: Admit-discharge-transfer alerts; Lab results; Provider Directory; Image exchange
- Technical Assistance
 - Connectivity TA available *free of charge to qualified providers*
 - TAs can assist with review of telehealth options and workflow

DHCF Telemedicine E&P Rule

- Clarifies telemedicine is applicable to both FFS and MCO program
- Services may be rendered via telemedicine if
 - Already included in the DHCF fee schedule within broad categories specified in the DHCF telemedicine rule
 - Can be delivered at the standard of care
- Home as an originating site is allowable
- Providers have flexibility to work remotely

<https://dhcf.dc.gov/page/telemedicine>

DC MEDICAID TELEMEDICINE GUIDE

THIS GUIDE WILL HELP YOU:

- Understand what is telemedicine and how it can help you during COVID-19
- Understand what telemedicine services DC Medicaid reimburses
- Review options for HIPAA compliant telemedicine products and request technical assistance

WHAT IS TELEMEDICINE?

Telemedicine is a mode of care that delivers healthcare through interactive video-audio communication for the purpose of evaluation, diagnosis, or treatment. Eligible services can be delivered via telemedicine originating site, including home, while an eligible "distant" services.

Q: HOW CAN TELEMEDICINE HELP DURING COVID-19?

WHAT SERVICES DOES DC MEDICAID TELE

On March 12, 2020, DHCF adopted an emergency rule that authorized payment for telemedicine services delivered in a beneficiary's home. Please see additional published E&P guidance.

On March 19, 2020, in response to the coronavirus (COVID-19), DHCF authorized payment for audio-only visits delivered via telephone, temporarily suspending provisions of the Director of Columbia Taxation Reimbursement Act of 2013 that indicate "services delivered through audio-only telephones... are not included" in the definition of telemedicine.

Additional guidance has been published clarifying and collect consent verbally if services are appropriate.

Providers must use the "Q" procedure modifier on service via real-time interactive video-audio communication. National Provider Identifier (NPI) of the originating claim, if the beneficiary's home is the originating site, and specify the place of service "02".

DC MEDICAID TELEMEDICINE AND CORONAVIRUS (COVID-19)

THIS GUIDE WILL HELP YOU UNDERSTAND:

- What telemedicine is and how it can help you during COVID-19
- Which telemedicine services may be reimbursed
- How to bill for telemedicine services
- How to get technical assistance with telemedicine

WHAT SERVICES DOES DC MEDICAID TELEMEDICINE PAY FOR?

On March 12, 2020, DHCF adopted an emergency rule that authorized payment for telemedicine services delivered in a beneficiary's home. Please see additional published E&P guidance.

On March 19, 2020, in response to the coronavirus (COVID-19), DHCF authorized payment for audio-only visits delivered via telephone, temporarily suspending provisions of the Director of Columbia Taxation Reimbursement Act of 2013 that indicate "services delivered through audio-only telephones... are not included" in the definition of telemedicine.

Providers must use the "Q" procedure modifier to indicate that the service was delivered via real-time interactive video-audio communication. A claimant's provider must report the National Provider Identifier (NPI) of the originating site, if the beneficiary's home is the originating site, and specify the place of service "02".

COVID-19 CODES

The Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA) have created new ICD-10 and CPT codes for COVID-19-related testing. While the full list of codes will be published in the future, the following table provides a summary of the codes that are currently available.

ICD-10-CM Diagnostic Codes for COVID-19

The following ICD-10-CM codes are used to report COVID-19 (Severe acute respiratory syndrome coronavirus 2).

- U07.1 - COVID-19, confirmed
- U07.2 - COVID-19, suspected
- U07.3 - COVID-19, screening

CPT Codes for COVID-19

The following CPT codes are used to report COVID-19 testing.

- 86016 - COVID-19, detection of SARS-CoV-2 by polymerase chain reaction (PCR), including specimen collection
- 86017 - COVID-19, detection of SARS-CoV-2 by antigen test, including specimen collection
- 86018 - COVID-19, detection of SARS-CoV-2 by antibody test, including specimen collection

Telemedicine Guidance

During the PHE

Special Authorization during the public health emergency (PHE):

Audio-only telemedicine services

Issues to consider *after* the PHE:

- District legislation defining telemedicine
- Telehealth must be HIPAA compliant per security rule

Document required telehealth consent in clinical notes

- Will need formal documentation and signature of consent to be HIPAA compliant

* Consent management system being developed for the DC HIE may be able to address

Flexibilities on using non-HIPAA compliant technology (e.g. Facetime)

- Must be HIPAA compliant, including BAA agreements

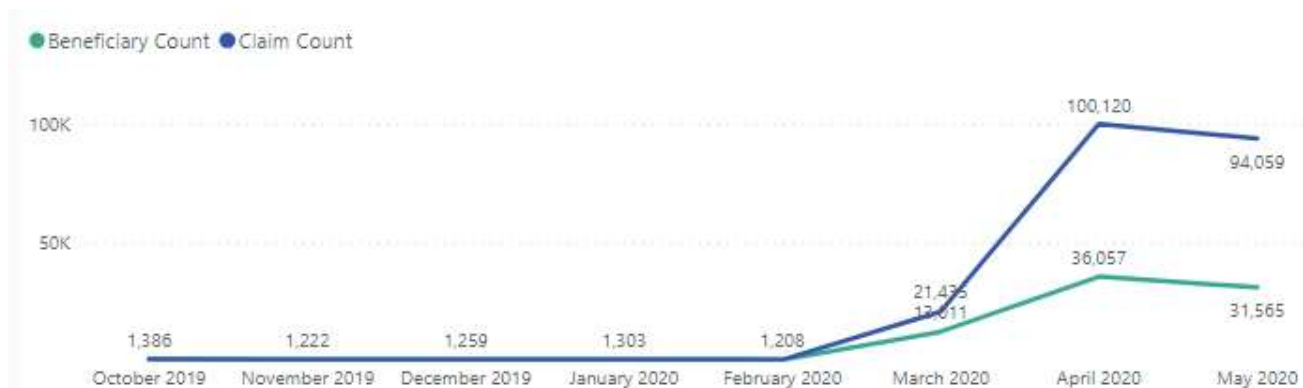
District Providers' Use of Telemedicine During PHE

- In March 2020, the District of Columbia immediately recognized the need for providers to use Health IT - and telemedicine services in particular - to ensure continuity of care
- Most common EHR telehealth module used: eClinicalWorks Healow
- Other third-party vendors used to conduct telehealth:
 - Zoom
 - Doxy.me
- Requests for additional support:
 - Billing and coding
 - Strategies to improve IT literacy for patients
 - Understanding telehealth vendor options and costs
 - Some providers requested assistance to support licensing telehealth tools

Telehealth Utilization Now Accounts for a Quarter of DHCF's Outpatient Claims

- In **January and February 2020**, telehealth accounted for just **0.3% of outpatient claims** and only **0.7% of beneficiaries** had a telehealth service
- In **April and May 2020**, telehealth claims accounted for **25% of all DHCF outpatient claims** and **18% of DHCF beneficiaries** received a telehealth service
- In **April and May 2020**, behavioral health services accounted for 71% of telehealth claims
- In contrast, telehealth BH care accounted for only 36% of beneficiaries using telehealth services

Monthly Claim & Beneficiary Count (October 2019 – May 2020)



January – February 2020

April – May 2020

2,588 Number of Telehealth Claims

194,025 Number of Telehealth Claims

0.3% Proportion of All Outpatient Claims that are Telehealth Claims

25.4% Proportion of All Outpatient Claims that are Telehealth Claims

Source: DHCF Medicaid Management Information System (MMIS) data extracted on 7/7/2020.
Note: Includes Medicaid, Alliance, and ICP. Reflects paid fee-for-service claims and managed care organization encounters by date of service. Due to claims lag, counts for each month are likely to be higher when run at a future date.

eHealthDC Tips: Engaging Patients via Telehealth and Expanded Workforce Capacity during PHE

- **Adapt organizational processes to increase the number of patient reminders sent before conducting scheduled telehealth visits:**
 - Send e-mail messages through the portal
 - Call patients 24-48 hours before telehealth visits as a reminder
 - Make support resources available before and during scheduled
- **Utilize telehealth privacy and security best practices:**
 - Execute a Business Associate Agreements (BAAs) with third-party telehealth technology providers
 - Implement privacy measures to verify patient identity, including having patient information on file
 - Securely transmit telehealth visit information through the patient's portal account or their cell phone for additional verification
- **Boost patient engagement efforts by deploying a virtual workforce (including interns or other support staff to increase an staff capacity):**
 - Train support staff to serve as an organization's "Patient Portal Tech Support" team
 - Handle minor tasks such as password reset requests, answering general questions, and non-emergency issues
 - Assist patients with assistance downloading, installing and/or using the telehealth software when applicable
 - Train support staff to perform tasks that augment the care team's patient engagement efforts by:
 - Calling patients and encourage patient portal sign-ups
 - Assisting patients without e-mail addresses to sign up for a free e-mail address to facilitate use of the telehealth
 - Following-up on patient appointment reminders to ensure patients can make their appointments
 - Sending group and individual patient portal and telehealth campaign messages
- **Be prepared to use more than one telehealth workflow and/or tool to fully engage a patient base that has varying technology**

DHCF Request Approved: Emergency Support for Health IT/Telehealth

- Building on feedback from the community, DHCF developed an emergency request to CMS for HITECH enhanced match (90/10 FFP) will be used to further support telehealth efforts in the District in a continued effort to combat coronavirus (COVID-19)
- On July 9, 2020 CMS officially approved the District's Emergency FFP for a total of **\$1,248,449** to:
 - *Purchase and loan laptops/tablets + data plans to providers with limited technical capabilities*
 - *Distribute HIPAA compliant telehealth platform licenses to providers without a license, and*
 - *Assist our DDS colleagues with upgrading their MCIS database and enhancing staff systems support.*
- These resources will complement support several local organizations have received from the Federal Communications Commission